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PLACE OF DEATH	0
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### STATE OF MARYLAND CERTIFICATE OF DEATH

0.00 1	Registration Dist. No. 29/
Village or City & Muchaell (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH JEb 5, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH  Dec 26, 1845  (Month) (Day) (Year)	that I last saw h Malive on TEG 5, 193/
7 AGE    If LESS that   I day hr   hr   or min	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)	Contributory Secondary  (Duration) Jayrs. Cmos. de
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEET OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
(Informant) Wallin Burn  (Address) Amelial On  Filed File 7 1921 John Huwale  Registrar	Former of usual residence  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U.S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on 10 Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The -Coal mine, etc. not gainfully em-(b) materia Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Sold in

letanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing (secondary or intercurrent) affection need Chronic interstitial nephritis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway troin-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; 9 9 ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic on valvular heart disease; etc. The contributory Nomenclature not be

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At B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK--THIS IS A PERMANENT BIN FOR MARGIN RESERVED WRITE PL

V. S. No. 1

	PLACE OF DEATH	02178 STATE OF MARYLAND
	County Sallof	CERTIFICATE OF DEATH
	Village or City ST Michaels (No.	Registration Dist, No. 29/
	2FULL NAME Jessie Blie Peter	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Temele 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 2 7 193/ (Month) (Day) (Year)
	September Eighth, 1873	THEREBY CERTIFY, That Lattended the deceased from 1920 to 22, 1930, that I last saw h Publice on 726, 2, 2, 1930,
	/ (Month) / (Day) (Year) 7 AGE    If LESS than	and that death occurred on the date stated above, at
	58 yrs. 5 mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or Farmeri Pile particular kind of work	Caremoma of weeks
X	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. da.
	9 BIRTHPLACE (State or country) Jersey City Now Jerse	Contributory Secondary  (Duration)ytsfmosds.
	10 NAME OF John 7. Peterking	(Signed) MD. (Address) JX Meliaels M.
	(State or country) Combunal Scotland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Mary alice Coffey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	if not at place of death?
	(Informant) Wallace Justin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) JT. WHENGES W.	20 UNDERTAKER ADDRESS
	Filed Feb 24 1981 John Hebrer Lees	Manheel St Michael
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screaul, Cook en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day who are engaged in the duties of the For persons who have no occupation (a) the kind of work and also (b) the Automobile factory. The material -Cool mine, etc. Wom-(6) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: ("erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

.approved by stated unless important. Example: Measles (disease (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as cun be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was under-(secondar, Whooping cough; elapus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Always qualify all

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should be stated EXACTL. It may be properly classif WITH UNFADING INK-THIS supplied MARGIN RESERVED ation should be carefully s of information Every item of inform CIANS should state

V. S. No. 1

N. B.

Vil	lage or City Wear	280	L(N6)	
	2FULL NAME	gra	ces la	and the state of the state of
	PERSONAL AND S	TATISTIC	CAL PARTIC	ULARS
3 8	Emoli Will	R RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the work	mgle.
5 0	DATE OF BIRTH	(Month)	(Day)	, 1. Y 9 9 (Year)
7 A	3/ yrs.	3 "	18 d	If LESS than I day hrs.
(i	a) Trade, profession or articular kind of work		ress L	vale
() PILLS	a) Trade, profession or articular kind of workb) General nature of industries, or establishment which employed or (employ	stry in	us l	vals
() PILLS	a) Trade, profession or articular kind of work b) General nature of indu usiness, or establishment in which employed or (employ	stry in	an l	wals
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() (d (d)	a) Trade, profession or articular kind of work b) General nature of indu usiness, or establishment in thich employed or (employ SIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	stry in	Les l	unds unds unon dor negge
PARENTS	a) Trade, profession or latticular kind of work work b) General nature of indu usiness, or establishment which employed or (employ SIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	land	Lean Lean of MY KNOW	walk walk woon by regges bester

### STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

ADDRESS

16 DATE OF DEATH	4		1923.	/
(Mont				,
17 I HEREBY CERTIFY, Th				
Jan / 1931. 10	and the same of th		and the	
that I last saw h La alive on		-		
and that death occurred on the dat	atated abov	. at .A	154	D <sub>m</sub>
The CAUSE OF DEATH * was as fol	lows:		7.0	
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(Duratio	n) 2318			2.
		***************************************	108	,418
Contributory Secondary	·			
				1
	שוצב (פי			
(Signed)				
2-19-192/ (Address)	Elist	(Ja	119	
*State the Disease Causing Violent Causes, atate (1) Means Accidental, Suicidal or Homicidal.				
18 LENGTH OF RESIDENCE (For	Hospitals,	Institut	ions, T	rane
ients or Recent Residents)				
At place of deathyrsmosds.	In the State	yrs	mos	da
Where was disease contracted, if not at place of death?	•404•00***			
Former or usual residence		*****	-20d0	.4. 0000
19 PLACE OF BURIAL OR REMOVA	L	ATE OF	BURIA	L
5 7 Om	1:19	-1.	1 .1	21

INDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation laborer, Furm laborer, Laborer was many, each of the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Drs. EASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same adcepted term for the same disease. Examples: Cerebrospina ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory Measles;

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ACTLY, Fiassified.	Village or City/
EX.	²FULL
oper	PERSONA
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ACE should be stated that it may be proper stions on back of certi	Fiemale
houl t ma on b	6 DATE OF BIRTH
ACE st that it	
AC ctio	7 AGE
ed. 18 so struc	8
of information should be carefully supplied. Ald state CAUSE OF DEATH in plain terms so occupation is very important. See instructions	OCCUPATION (a) Trade, profes particular kind of particular kind of (b) General natural business, or estable which employed (State or countrel  10 NAME OF FATHER  11 BIRTHPLAC OF FATHER (State or countrel 12 MAIDEN NA OF MOTHER (State or Countrel 13 BIRTHPLAC OF MOTHER (State or Countrel 14 THE ABOVE IS
-00	

PLACE OF DEATH	ASTATE OF MARYLAND
County Mallor	CERTIFICATE OF DEATH
$\sim$ ,	Registration Dist. No. 291
Village or City Royal Oak (No	St: Ward) (If death occurred in
2FULL NAME (Permelia Celeste	a Churs tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
West 23 185	July 10 1921 to Feel 17 , 1920,
(Month) (Day) (Year)	that I last saw h alive on The 16 , 1925 ,
7 AGE [If LESS tha	n and that death occurred on the date stated above, at
SA 2 1 day h	
\$0 yrs. 2 mos. 24 ds. or min	Combrat Removation
(a) Trade, profession or particular kind of work	Parelysis of left Orde L
(b) General nature of industry	" Chrost
business, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
BIRTHPLACE Of A	Contributory
(State or country) Chalham Canada	Secondary (Duration) yrs mos ds.
10 NAME OF Agariah Hall	(Signed) Same Co. Frifate M. D.
IL BIRTHPLACE OF FATHER	192 (Address) 1921 (Address)
Z. (State or country) New John State 4. 2	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Hodgice	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Zeury Cheus	Former or usual residence
(Address) Aryae Oar. Ind.	19 PUACE OF BURIAL OR REMOVAL DATE OF BURIAL TUD 19 1931
15 Filed Feb- 19 1931 John Hurvale	2 20 UN DERTAKER ADDRESS ADDRESS ADDRESS
Registrar	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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V. S. No. 1

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> (Recommendations on statement of cause of American Medical Association.) approved by "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia." "Weukness," etc., when a definite disease telunus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc., "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcama, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercun be ascertained as the cause. Always qualify all causing (secondar; or intercurrent) affection need Examples: Accidental drowning; Struck by railway train-Whooping cough; Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature Chronic valvular heart etc. The contributory disease, not be

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Spinner, (b) Cotton mill; (o) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day loborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Stationary fireman, etc. But in many Architect, Locomoliic engineer,

Statement of Cause of Death—Name, first, the DISEASE ("VESING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n\_ture of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state NIEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on cough; Chronic etc. valvular heart Nomenclature The contributory Sarcoma, etc., of Measles ; diseose; as

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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N. B Every item of information should be carefully supplied. ACE should be stated FXACTI V BHYSI.	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. Secupatructions on back of certificate.
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PLACE OF DEATH County Talket	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 294
Village or City & arbank (No	St.: Ward) (if death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Wedower	16 DATE OF DEATH  26 , 192/ (Month) (Day) (Year)
Morander 16 , 1856 (Month) (Day) (Year)	that I last saw harming on the last saw harming of the last saw harming on the last saw harming of the
7 AGE  7 4 yrs. 3 mos. / 3 ds. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows;
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Durstion) yrs. mos. ds.  Contributory Secendary  (Durstion) yrs. mos. ds.  (Signed) M. D  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (Fer Hespitais, Institutions, Transients or Recent Residents)  At place of death yrs. mos. ds.  Where was disease contracted, if not at place of death?
(Address) 703 Bliltrige are Ball	Former or usual residence
Registrar  If more branks are needed, address State Registrar	Maurice & Accounting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospatal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need Whooping Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Always qualify all not be disease;

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

N. B. -- Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact MARGIN RESERVED FOR BINDING LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BIND

WRITE PL V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Q bol	CERTIFICATE OF DEATH
Y	Registration Dist. No. 290
Village or City Laston (No. merc	gency lospilate Ward) (If death occurred in a hospital or institu-
2 FULL NAME Mrs. Sarah Jane	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married Wildowed.  Temale White (Write the word)	16 DATE OF DEATH TE Brugry 6, 1981  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h C Salive on
7 AGE   If LESS than I day hrs.	
11 yrs. 6 mos. 25 ds. or min.	
8 OCCUPATION (a) Trade, profession or	
particular kind of work Nouse work	Coronory Manbosis
(b) General nature of industry	
which employed or (employer) Own home.	(Duration)yrsmosda.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Description) for yes mos de,
FATHER Virautolog	(Signed) (Address) Caston M.D.
OF FATHER	*State the Discase Causing Death, or, in deaths from
Z (State or country) 12 MAIDEN NAME	Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CLES RELIEVE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place 10 In the
(State or Country)	of death yrs mos ds. State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mary Tarroll	usual residence
(Address) Troppe Ind	Pastas Mid 2/9/3/19
15 Filed 2/9 1981 1981 Properties	AUNDERTAKER SPENCE CASTAL NO
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

02193

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., Without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions,

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PLACE OF DEATH	ADJUL STATE OF MARYLAND
County Calbos	CERTIFICATE OF DEATH
	Registration Dist. No. 293
Village or City Cordona (No.	St.: Ward) (If death occurred in
2 FULL NAME Trancis Lower L	obsoul a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED, WIDOWED.	Jef 9, 1901
Tamale Colored (Write the word) Cayle	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Anan 0 . 0.30	
(Month) (Day) (Year)	that I last saw h 27 alive on 192,
7 AGE   If LESS than   I day hrs.	
yrs. 9 mos. ds. or min.	
8 OCCUPATION	
(a) Trade, profession or	There ed of fly sum in peller
particular kind of work	Magistrale Sais ray Eickly. Jane
(b) General nature of industry business, or establishment in	at and penne brick (Duration) - via 1 mos de
which employed or (employer)	(Dutation)
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland	(Devation) yre mos ds,
10 NAME OF	LOVOY -
FATHER Selbut No Drow	(Signad) M. D.
M 11 BIRTHPLACE	Jerg 199 (Address)
Z (State or country) And	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Dorosty Clark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country) Many James	of deathyrsmosds, Stateyrsmos,ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Gelbrit Dobson	Former or usual residence
(Intolliant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Obrdora And	Old Chapel Church Courley 2. 11/2, 19
15 2/10 0 4 Gardine	20 UNDERTAKER ADDRESS
Filed // 0 190/1 y d outure	Dand Charte Condora
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
if more blanks are needed, address State Registra	1) 10 W. Daratoga Die, Dartos, Reducering

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. Statement of Occupation-Precise statement of ocr," etc., will-harer, Parm laborer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (seeondary), etc. valvular heart disease Nomenclature The contributory

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-Every stem of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proposly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINI WRITE PL

PLACE OF DEATH	02185 STATE OF MARYLAND
County albot	CERTIFICATE OF DEATH
/ de /	Registration Dist. No. 29
Village or City Carlo (Dollado )	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whole (Write the word)	16 DATE OF DEATH 28, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH  Of 19, 1860  (Month) (Day) (Year)	that I last saw h slive on 1927.
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 0.30 2m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work source to the light most in the control of the	lo hosp
business, or establishment in which employed or (employed)  9 BIRTHPLACE (State or country)	Contributory Williams Scientists Secondary  (Duration) 3 yrs mos de.
10 NAME OF FATHER PRINCE PRINCE	(Signed) N. D. Querou M. D. Seb 21 1927 (Address) Easton md
OF PATHER Z State or country)  If MAIDEN NAME Z	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Talleau Morris	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  And	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Santon Isal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 2/22 1981 N. H. Merries Registrar	20 INDERTAKER ADDRESS ADDRESS AND MA
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., William Laborer, Laborer-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Cotton mill; (a) Salesman, (b) Groccry; (b) Automobile factory. The material Stationary fireman, etc. But in many person, irrespective of -Coal minc, etc. Locomolive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drepsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) perilonaeum, etc., FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi by Committee on Chronic Carcinoma, Sarcoma, etc., of ," "Coma," "Convulsions, etc. valvular heart Nomenclature of the The contributory Always qualify all discase; " etc.

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH  County Salfie	<u> </u>	E MATERIAL STATES
County Jalle		/
	Ke	egistration Dist. No. 29 V
Village or City. Offers	No	ve its NAME instead of street and number)

should state Vard PHYSICIANS statement .ds. 2. FULL NAME Munamed (a) Residence: No. (Usual place of abode) If nonresident give city or town and State RECO Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (awrite the word) PERMANENT CTL (Month) (Year) 5a. If marriad, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended decaased from (or) WIFE of × nol 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months If LESS than Days stated 1 dey,\_ // \_hrs. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance rein. wera as follows: Oate of enset 8. Trade, profession, or particular THIS. kind of work done, as SPINNER, be OCCUPATION jo SAWYER, BOOKKEEPER, atc. 9. Industry or business in which pluods may back work was done, as SILK MILL, SAW MILL, BANK, etc..... UNFADING INKuo 10. Data dacaasad last worked at 11. Total tima (yaars) this occupation (month and spent in this that occupation ... instructions 12. BIRTIIPLACE (city or town (State or country) supplied. terms. FATHER 13. NAME See 14. BIRTHPLACE City or town plain (Stata or country) be carefully What test confirmed diagnosis? ..... Was there an autopsy?..... MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: in Accident, suicide, or homicide?\_\_\_\_\_\_ Data of injury\_\_\_\_\_ 19\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. mation should 17. INFORMANT OF (Addrass) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of injury CAUSE Nature of injury LION 24. Was disease or Injury In any 19. UNDERTAKER (Address) If so, spacify m (Signed) 20, FILED ... WILL Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L.C.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cooks, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification. Vom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many (b) Automobile factory. The material Locomoline engineer, Grocery;

Statement of Cause of Death—Name, first, the Discass Continuous Planti (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphul meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from ehildbirth or miscarriage as "Exhaustion," "Heart lanure, "Shock," "Shock," "Old Age," "Shock," "home Johnite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic affection need ete. The contributory valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Talbot, Md. classMi PERSONAL AND STATISTICAL PARTICULARS COLOR OR RACE 5 SINGLE 3 SEX MARRIED WIDOWED. OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH 17 structions (Month) (Day) 7 AGE IfLESS than and that death occurred on the date stated above, I day hrs. min.? ESERVE OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry d business, or establishment in Importa which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) EA. (Duration) PD 10 NAME OF (Signed) hour (Address) OF FATHER the Disease RENT SO Z Violent Causes, state (1) Means of Injury (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME O Ad d state ients or Recent Residents) 13 BIRTHPLACE At place of death OF MOTHER yrs......ds. (State or country) Where was disease contracted, should if not at place of dea.h? Former or statement usual residence .. S PLACE OF BURIAL OR REMOVAL Every

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospit .l or institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from

Causing Death, or, in and

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State yrs ..... mos ...

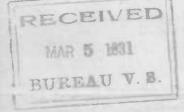
DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Civil engineer, Mationary franca, etc. But in many eases, especially in industrial employments, it is necessary to know a the kind of work and also (b) the additional line is provided for the latter statement; it Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile fuelony. The material who are engaged in the duties of the tion applies to each and every person, irrespective of the first line will be sufficient, e. g., Farmer or Planter, nature of the business or industry, and therefore an er," etc., without more precise specification as Day Jaborer, Farm Jaborer. Laborer-Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from Statement of Occupation-Precise statement of oceupation is very important, so that the relative health-The quessingle word or term on Architect, Locomotive engineer, should be used only when needed. As examples: (a) worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealdefinite salary, may be entered as Housewife, Houseto report specifically the occupations of persons engaged in dome-tie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus; Furmer (re-For persons who have no oecupation fulness of various pursuits can be known. For many occupations a Physician, Compositor, whatever, write None. en at home, tired 6 yrs).

Statement of Cause of Death—Name, first, the Disersing causation, using always the same accepted tent for the same diserse. Examples: Cerebrospinal fear (the only definite synonym is "Epidemic eerbrospinal fear (the only definite synonym is "Epidemic eerbrospinal fagra (never report "Typhoid fear (never report "Typhoid Pneumonia"); Lobar i meyanomia, Brong eumonia ("Pneumonia");



inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), tions, such as "Asthenia," "Anaemia" (merely symptom-"Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was underand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, or as probably such, if impossible to determine definitely. aecident; Revolver wound of head-homicide, Poisoned by carbolic acid - probably smeide. The n.ture of the injury, Whooping cough; Chronic valudar heart disease; Chronic interstitial nephritis, etc. The contributory etc. The contributory (secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-" "Shoek," taken. FOR VIOLENT DEATHS state MEANS OF INJURY telanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of approved by Committee on Nomenclature stated unless important. Example: Measles as fracture of skull, and consequences e. " "Marasmus," "Old Age, American Medical Association.) nephritis, "Inanition,

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Spinner, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (deor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serunt, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Housemaid, etc. laborer, Foreman, For many occupations a single word or term on Or yrs). Farm laborer, At Home, and children, (b) Cotton mill; (a) Solcsman. (b) without more precise specification as Doy Compositor, Architect, Locomotive For persons (b) Automobile foctory. The material If the occupation has been changed Laborer-Coal mine, etc. who have no occupation not gainfully emcugineer, Grocery

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same adopted term for the same disease. Examples: Cerebrophinal fever (the only definite synonym is "Epidemic cerebrot spinal meningitis"); Diphilieria (avoid use of "Croup"), Typhoid Jever (never report "Typhoid Pneumonia,"), Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved · American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The n ture of the injury. or as probably such, if impossible to determine definitely "PUERPERAL sopticuemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Exhaustion," "Heart ranue," "Old Age," "Shock," "Imanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar/ or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ..... (name origin; "Cancer" is less definite,; avoid lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences e g., sepsis, Examples: Accidental drowning; Struck by railway trainperilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY νţd cough; Committee on Nomenclature ngenital," "Senile," etc.), "Deepsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory "Drepsy, not be

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PLACE OF DEATH	STATE OF MARYLAND
County Jallet	CERTIFICATE OF DEATH  Registration Dist. No. 294
Village or City Wellman (No.	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME MULLI C. 7+ as	dawoefs steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE MARRIED, Manuel Wilder Con Con DIVORGED (Write the word)	16 DATE OF DEATH  The state of
DIC. 27. 1873  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 197 to to 197 that I last saw her alive on Flet 1 197 197 197 197 197 197 197 197 197 1
7 AGE  State  St	and that death occurred on the date stated above, at 2 f
(a) Trade, profession or house wife	1 Herrica
(b) General nature of industry husiness, or establishment in which employed or (employer)	Contributory Secondary  (Durstion)  yes mos 5 de.  Contributory Secondary  (Durstion)  yes mos 3 de.
10 NAME OF FATHER CATCHES MEASURE	(Signed) Lossis Halles M. D.
(State or country) Salbot Co.  12 MAIDEN NAME OF MOTHER Lydia Pander	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Racent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Sallo  (8)	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) Jely L. Moore  (Address) Jelgluman M.	Where was disease contracted, if not at place of death?  Former or usual residence
Filed 2/21 1923/ Mrs. Victor S. Botte	Maure & Jurian rape Ula
If more blanks are needed, address State Registrar	. 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (resu state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). (b) Collon mill; (a) Salesman. (6) For persons who have no occupation Stationary fireman, etc. Automobile factory. The material But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL seplicacmia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Inanition," "Heart failure," "naemorraage, "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train-(secondary American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) cough; Chronic affection need etc. valvular heart disease; Nomenclature of the The contributory not be

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02191 STATE OF MARYLAND PLACE OF DEATH classified Ward) stated | ATISTICAL PARTICUL PERSONAL AND 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED WIDOWED 2 OR DIVORCED pinou may 6 DATE OF BIRTH that that I last saw he alive on (Day) (Year) (Month) If LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: rms ds. or min.? B OCCUPATION See (a) Trade, profession or ER/ particular kind of work. plai (b) General nature of industry S business, or establishment in (Duration) which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) EA. Should I 10 NAME OF (Signed). FATHER 11 BIRTHPLACE OF FATHER CAUS RENT uo (State or country) 18 LENGTH OF RESIDENCE (For inform ients or Recent Residents) state CCU2/ 13 BIRTHPLAC At place of death OF MOTHER ....yrs........mos......ds. (State or Country Where was disease contracted, 0 of if not at place of dea.h?.... shoule 14 THE ABOVE IS TRUE MY KNOWLEDGE of Former or Every item CIANS sho statement item usual residence BURIAL OR REMOVAL Filed 2 If more blanks are needed, addre. s Late Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-

tion, give Its NAME instead of street and MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended the deceased and that death occurred on the date stated above, at ... \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Hospitals, Institutions, Trans-In the State......ds. DATE/OF BURIAL

DARESS

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook definite salary,, may be entered as Housewife, House er," etc., William. Laborer, Laborer-Spinner, (b) Cotton mill; (a) & Salcsman. (b) additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, the first line, will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, or For many occupations a single word or term on yrs). For persons who have no occupation At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Stationary fireman, etc. But in many (b) Automobile factory. The material Architect, -Coul mine, etc. Wom-Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EARLY CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably smoide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Inanition, "Debility"-("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; approved "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., American Medical Association.) Recommendations on statement of cause of unqualified, is indefinite); Tuberculosis, of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJULY resulting from childbirth or miscarriage interstitial nephritis, by Committee on Nomenclature cough; " "Marasmus," "Old Age," "Shock," Chronic Carcinoma, Sarcoma, etc., of valvular heart disease;

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If more bianks are needed, address State Registrar, 16 W. Saratoga St, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Civil engineer, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But iu many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) "(Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-". Uraemia, " ". Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; Never report mere symptoms or terminal condi-Chronic valvular heart Example: Measles (disease affection need not be etc. The contributory Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

V. S. No. 1

PLACE OF DEATH	02193 STATE OF MARYLAND
County / alpar	CERTIFICATE OF DEATH
	Registration Dist. No. 290
Village or City Ensew (No. 32	S South Mst.: Ward)  (If death occurred is a hospital or institution, give its NAME in stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH   (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw has alive on 192 to
yrs. mos. ds. or min.?	The CAUSE OF DEATH "was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) de
9 BIRTHPLACE (State or country) Sally Courty 10 NAME OF FATHER CAMES. Passing 11 BIRTHPLACE	(Signed) for Manager (Address) (Address) (Secondary) (Duration) (Proposition of the Control of t
OF FATHER (State or country) Tallor Court  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  Altor Carry	ients or Recent Residents)  At place of death
(Informant) We Estella Chiny	Former or usual residence
(Address) 32 & South treet	Salan bud Fely 30, 193
Filed A 10 Registrar  Registrar  If more banks are needed, address tate Registra	J. Hellewart Co. Dalishy mo

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, tion applies to each and every report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. (a) the kind of work and also (b) the person, irrespective of Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Chronic etc. valvular heart disease; Nomenclature of the The contributory Measles ;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Yacı		PEAGE OF DEATH	02194 STATE OF MARYLAND CERTIFICATE OF DEATH
	/	County / WYO	Registration Dist. No. 290
certificate	Vil	2FULL NAME Liquida J	St.: Ward) (If death occurred in a hospital or institution, give its NAME listend of street and number.)
cert	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	33	Wilde Wite the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED (Write the word)	(Month) (Day) (Year)
s on b	6 0	(Month) (Day) (Year)	I HEREBY CERTIFY, That Lattended the deceased from  1921 to 1921,  1931,  1931,  1931,
nstruction	7 A	yrs. 8 mos. 2 ds. or min.?	and that death occurred on the date stated above, at 6, 40 m.  The CAUSE OF DEATH * was as follows:
See ir	P	a) Trade, profession or School Seil	allet affuse replosition
ortant.	b	o) General nature of industry usiness, or establishment in which employed or (employer)	(Duration) yrs. mos 19 ds.
importa	9 B	(State or country) Boundary	Secondary  Derestion yes
s very		10 NAME OF FATHER PRESENT. Jump	(Signed) bullance / Aummord M. D. 2-3- 1931 (Address) Easton med
ATION !	ENTS	OF FATHER (State or country) Boyman, Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
D.A.	PAR	OF MOTHER Slaw O. Kraft	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
0000		of MOTHER (State or Country)  Balto. Nd.	At place of death
0	14	(Informant) Pole of M. KNOWLEDGE	Former or usual residence.
statement		(Address) Baynalau Mo	Doyman M- Feb 4. 183/
o to	15	Filed 2/3 1981 17 Jan Decretar	JA Manhael Si Duchains
		if more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm tutter, Lawrence in the duties of the en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (pe or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed " etc., Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Enaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-" "Coma," "Convulsions, valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permapently filed.

		02195	
	PLACE OF DEATH	STATE OF MAI	RYLAND
	County lallat	CERTIFICATE O	F DEATH
	C	Registration Dist.	No. 290
Vil	Pollage or City Gastan (No. 6 me	a lition	f death occurred nospital or instluction, give its NAME and of street a mber.)
4.5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	DEATH
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Jef (Month) (D	, 192
5 (	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended	
	Feb 12 1931	192 to	, 192
	(Month) (Day) (Year)	that 1 last saw halive on	192
^	If LESS than		e, at
	O yrs. O mos. O ds. or min.?	A SAUGE OF BEATT Was as follows:	
0	a) Trade, profession or	Still form 2	remaky
p	particular kind of work	(about 3 mon	ths.)
b	b) General nature of industry usiness, or establishment in	(Duration) yrs	
_	vhich employed or (employer)	Contributory	**************************************
E	(State or country) Faster - hud	Secondary (Durstion) vra	/
	10 NAME OF Lidgway Jamp	(Signed) Car Dark	The M.
N N	OF FATHER (State or country)	*State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	in deaths from and (2) Whether
PAR	OF MOTHER Evely wight	18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)	Institutions, Tra
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. State	.yrsmos
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	000000000000000000000000000000000000000
	(Informant) Evelyen Jamp	Former or usual residence	******************
	(Address) Just and.	19 PLACE OF BURIAL OR REMOVAL D	ATE OF BURNAL
15	Filed 2/9 1931 M. Menus Registrar	20 UNDERTAKER JOS	rkital
-		r, 16 W. Saratoga St., Balto., Requesting V. Silvo.	stan

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobilc factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, whatever, write None. business, that fact may be indicated thus; Farmer, (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on especially in industrial employments, it is necesyrs). mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BIN WRITE PL

V. S. No. 1

PLACE OF DEATH	02196 STATE OF MARYLAND CERTIFICATE OF DEATH
1 2 - 1 1	(11-0) Registration Dist. No. 240
Village or City Salare (No. 1884) 2FULL NAME Ste Vanden	St.: Ward)  (If death occurred in a hospital or institution, give its NAME Irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acolor ORRACE SINGLE, MARRIED SOURY  Male Colors OR DIVORCED (Write the word)	(Month) (Day) (Year) (Y
(Month) (Day) (Year)  7 AGE    If LESS than   day hrs. or min.?  B OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at // / / 4 m.  The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Prostatic Apperlighty Secondary Levile Minerity (Duration)  (Signed) Albur & Orland  M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  In theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence.
(Address) Esals Ind	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  193.
15 Filed 2/5- 198/ N. H. Merrison Registral	Sweed Abouce Eston Med
If more banks are needed, address the Registra	r, 16 W. Saratoga St., Malto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Screant, Cook ployed as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., William, Laborer, Laborer-Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only not paid Housekeepers who receive a Never return "Laborer," "Forman," "Manager," "Deal-Physician, worked on may form part of the second statement. uner, (b) Cotton mill; (a) Salesman, (b) Grocery: Foreman, (b) Automobile factory. The material For many occupations a single word or term on 70 yrs). For persons who have no occupation At Home, and children, not gainfully emwithout more precise specification as Day Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many -Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASS (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as cough; Chronic etc. valvular heart disease; Nomenclature of the The contributory not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME Innumber.) proper PERSONAL AND STATISTICAL PARTICUL 4 COLOR OR RACE 16 DATE OF DEATH may be n back OR DIVORCED hould Write the word I HEREBY CERTIFY. That Lattended the deceased from 6 DATE OF BIRTH that (Day) (Month) Ü 7 AGE If LESS than and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH \* was as follows: supplied terms ESERVE OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) import Contributory 9 BIRTHPLACE Secondary (State or country) MARGI be EA very 70 10 NAME OF (Signed) shoul E OF FATHER 11 BIRTHPLACE OF FATHER HON HZ \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether (State or country) TIOIT ш Accidental, Suicidal or Homicidal. 12 MAIDEN NAME informati 2 B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER ....yrs.....mos... (State or Country) item of i 0 Where was disease contracted, CIANS should statement of if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF Former or DATE OF BURIA If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it Statement of Occupation - Precise statement of occupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons engaged in domestic service for wages, as Soruud, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (o) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a laborer, Foreman, or At For many occupations a single word or term on yrs). Form loborer, (b) Cotton mill; (a) Salesman. without more precise specification as Duy Home, and children, not gainfully em-(b) For persons Automobile factory. The inaterial Loborerwho have no occupation -Coal mine, etc. (3) Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");



American Medical Association.) tetanus) may be stated under the head of "contributory." (secondar or intercurrent) affection need not be stated unless important. Example: Mensles (disease approved (Recommendations on statement of cause of corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septienemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brouchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonucum, etc., Corcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., scpsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uruemiu," "Weakness," etc., when a definite disease "E:haustion," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiascertained as the cause. FOR VIOLENT DEATHS State MEANS OF INJURY Λ̈́q Committee on Nomenclature "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The Always qualify all contributory

V. S. No. 1

N. B.

WITHIN	
PLACE OF DEATH CORPORATE LIMITS OF	02198 STATE OF MARYLAND
County allo	CERTIFICATE OF DEATH
/ a A	Registration Dist. No. 290
Village or City Galay Tred Gode	St.: Ward)  (If deeth occurred I a hospital or institution, give its NAME I stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Sury le Whole Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	(Month) (Day) (Year)
2/26/21	7/26/3/ 192 . to 2/26/3/ , 192
Month) (Day) (Year)	that I lest saw hand alive on 2/3/3/, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
I day Thrs.	The CAUSE OF DEATH * was as follows:
yrsds. or/O _min.?	Kremaline
(a) Trade, profession or	ran roun
particular kind of work	Ceaserray vellan
business, or establishment in which employed or (employer)	(Duration)yrs,de
9 BIRTHPLACE (State or country) Tollot Cs, Wd -	Contributory Secondary  (Dorstion) yes mode de
10 NAME OF F. Loodwin Matheus	(Signed) 192 (Address) 5 Matter Hex
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chabelly Vealy	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trens
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of dea.h?
(Informant) T. Hoodwin Markens	Former or usual residence
(Address) Earlon Wd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/27.193
15 Filed 2 / 2 6 1931 M. Melsila Registrar	20 DIDERTAKER Spence Caston
1f more bianks are needed, eddress State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid "Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Measles;

	PLACE OF DEATH	
	County Talbot	~
	US.	1-d
Vi	lage or City Fas I on (No. Emer	25
p.T.	2 FULL NAME Baby Messick	
	PERSONAL AND STATISTICAL PARTICULARS	
3 :	4 COLOR OR RACE B SINGLE, MARRIED, MODOWED. OR DIVORCED (Write the word)	16
1	PATE OF BIRTH	17
	Tall 7	6
	(Month) (Day) (Year)	the
7 /	GE [If LESS than	and
	yrs. mos. ds. or min.?	The
) (P	ACCUPATION  a) Trade, profession or articular kind of work  b) General nature of industry usiness, or establishment in hich employed or (employer)	*****
9 1	(State or country) Torchester Ca Md.	8
	10 NAME OF CUIPFORD MISSILES	(Sig
ENTS	11 BIRTHPLACE OF FATHER (State or country)	
PARE	OF MOTHER Usique Mouis	18 1
	13 BIRTHPLACE OF MOTHER (State or Country)  Md	At pof d
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if n
	(Informant) Clifford Messiels	Formusus
	(Address) Haderaldring nd	9

Registrer

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

EKTIFICATE OF DEA

62139

	Registration Dist. No.
	Qency Mard) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Telegraph 8 , 193 J (Month) (Day) (Year)
•	17 I HEREBY CERTIFY, That I attended the deceased from
	thet I lest sew h & alive on , 1931,
1	and that death occurred on the date stated above, at 2 2 m.
	The CAUSE OF DEATH was as follows:
	18/1
	Contributory Stellie unfelled  Secondery Lotal (Durston)  Vis. mos. ds.
	(Signed) flokele M. D.
	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disease contracted, Concord, Delinit not at place of death?
	Former or usual residence
	5 mithille - Md. Feli. 9, 1931
-	20 UNDERTAKER Shows translan tellasting
-61	7.

V. S. No. 1

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should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Measles ;

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(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestie service for wages, as Scruant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material 8 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrosphal, ferer (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS, OF INJULY State eause for which surgical operation was under-(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in .....Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 0 4 COLOR OR RACE | 5 SINGLE 3 SEX 16 DATE OF DEATH MARRIED be be inay be in back WIDOWED OR DIVORCED onld (Write the word) (Month) HERERY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH 0 ctlon (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, nt I day hrs. The CAUSE OF DEATH Sti (0) or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) \_\_ which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 0 0 10 NAME OF hould Vel FATHER (Address) (0) 11 BIRTHPLACE RENTS OF FATHER \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of injury and S Z (2) Whether CAU (State or country) OIL Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER state ients or Recent Residents) occu, 13 BIRTHPLACE la the At place OF MOTHER State. of death. yrs.....ds. (State or Country) of Where was disease contracted, if not at place of dea.h?. Item Every Item CIANS sho statement Former or usual residence (Informant) OF BURIAL OR REMOVAL DATE OF BURIAL (Address if more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERV

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salcsman, without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation single word or term on -Coal mine, etc. Wom-(b) persons en-Grocery;

Statement of Cause of Death—Name, first, the DISEASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemid Gerebrospinal meningitis"); Diphtheria (avoid use of "Cyoup"); Typhoid fever (never report "Typhoid Preumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BURLAU

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease etc. The contributory

d be carefully supplied. ACE should be stated EXACTLY, PHYSI-DEATH in plain terms so that it may be properly classified. Exact ry important See instructions on back of certificate. CORD PERMANENT K IS UNFADING INK--THIS Every item of information should be care CIANS should state CAUSE OF DEATH i statement of OCCUPATION is very import

FOR

MARGIN RESERVED

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PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

County	(21) Registration Dist. No. 29/
Village or City Delvue (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  A COLOR OR RACE  MARRIED.  MARRIED.  MARRIED.  MOIVORCED  OR DIVORCED  (Write the word)  (Write the word)  (Month)  (Day)  (Year)	16 DATE OF DEATH  192  (Month) 4 (Day) 1/3 (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1923 (to Feb. 4 10), 1923 (that I last saw herealise on Jel. 3 1923 (
7 AGE  69 yrs./02 mos. ds.    If LESS than    day hrs. or min.?	and that death occurred on the date stated above, at 2 h. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE  (State or country)  Mary Land	Chronic uterstella Veflicitis Buration) yrs. mos ds. Contributory Secondary Vicencia (Duration) yrs. mos ds.
10 NAME OF George Vorige)  11 BIRTHPLACE OF FATHER (State or country) Marpland 12 MAIDEN NAME OF MOTHER  Marlha Roberts	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of death
(Informant) Lurina Myres  (Address) Belvue ma	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  ROYAL - Oalk md Flb 6, 19 31.  20 UNBERTAKER  L X Kelmun Royal Ouk No.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, engineer, Stotionary fireman, etc. But in many or At For many occupations a single word or term on yrs). Form laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, Home, and children, not gainfully em-For persons who have no occupation (6) Automobile factory. The materia. -Coul minc, etc. Wom-(6) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the information of the same disease. Examples: Carebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition, "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary). stated unless important. Example: Meosles (disease approved by Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences e g., sepsis carbolic acid—probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; l'oisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondar; or intercurrent) affection need not be Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus, " "Old Age, " "Shock, Committee on Chronic valvular heart disease; etc. The contributory Nomenclature

V. S. No. 1

		02293		
	PLACE OF DEATH		STATE OF	MARYLAND
	County Vallot	11-8	CERTIFICATE	OF DEATH
/		11	Registration	Dist. No. 290
Vil	llage or City Bellevie (No	Ma	St.:Ward	(If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME Mary Clare	Celona	n	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE	OF DEATH
3 5	SEX Fewal 4 COLOR OR RACE SHINGLE, MARRIED, WIDOWED, OR BIVORGED (Write the word)	16 DATE OF DEATH	ely /6	, 19 <b>3</b> /
6 1	DATE OF BIRTH	Foz 10	192 . to Fre	
-	(Month) / (Day) /87()(Year)	that I last saw h Exc.		6.5.
7 4	83 yrs. 2 mos. 15 ds. or min.?	The CAUSE OF DEAT		d above, nt 6, 15 Cm
ク() り() り()	becupation a) Trade, profession or particular kind of work b) General nature of industry business, or establishment in which employed or (employer)		(Duration)	vrs
9 E	(State or country) Joseph	Contributory	(Durasign)	
	10 NAME OF J Lomas Poszons	(Signed)	ul Lo. F	moles M. D
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Di Violent Causes, sta	sease Causing Death, ate (1) Means of Ir	or, in deaths from njury and (2) Whether
PARE	OF MOTHER Susan Q Bandon	Accidental, Suicidal of B LENGTH OF RES	SIDENCE (For Hospi	itals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	os,ds. In the	e iteyrsmosda
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of death	3?	01. 1
	(Informant) The many Newson	Former or usual residence	lleve	e rue
	(Address) Belloom Med	19 PLACE OF BURIAL	or REMOVAL	2/18 , 1931
15	Filed 2/17 1981 M. M. Mericus Registrar	20 UNDERTAKER M.E. News	naer	raple md

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 17

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, (a) Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusine , that fact may be indicated thus; Furnier (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return". Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed -Coul mine, etc. (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Mcasles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," Fyhaustion." "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicuemia," "Puerperal peritonitis," etc. can be ascertained as the cause. (secondar/ Whooping cough; approved by Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need Committee on Chronic valvular heart disease etc. The Nomenclature Always qualify all contributory not be

1PLACE OF DEATH	STATE OF MARYLAND
County Tallor	CERTIFICATE OF DEATH
County Jacob	Registration Dist. No. 290
Village or City aplay (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Entily They	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED. WILDOWED OR DIVORCED (Write the word)	(Month) Day) (Year)
May 12 185	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that last saw hell slive on The 27, 198,
7 AGE	and that death occurred on the date stated above, atm.
76 vrs. 10 mos. 15 ds. or min.?	The CAUSE OF DEATH * was as follows:
ROCCUPATION	
(a) Trade, profession or Housewife	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) (Durstion) de.
9 BIRTHPLACE	Contributory WALLA Mily TCALARS IS
(State or country) Muruland	(Duration) Lycon mosds.
10 NAME OF	(Signed) / My Control M, D.
FATHER Most Sharps	
OF FATHER 1	7 - 28 - 19 (Address)
Z (State or country) Mer Macca	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANE CLU & Mark	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a may my my	ients or Recent Residents)
OF MOTHER THE STATE OF MOTHER	At place of deathyssmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted, it not at place of deah?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) (Velland Myore	usual residence
De to hid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	ADDRESS
Filed 2 28 1921 M. Mels Registra	Arlust Muchaller aston MIP
If more banks are needed, addre state negistra	v. 13 W. Saratoga St., balto., Lequesting V. S. I.o. 1.

De Most Steren

(Approved by U. S. Census end American Fublic Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Foreman, For many occupations a single word or term on or At yrs). Farm laborer, Laborerwithout more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed -Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the pisease causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar apseumonia, Bronchopseumonia ("Pneumonia,")

st\_ted unless important. Example: Measles (disease carbolic acid-probably suicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondar, or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature cough; Chronic etc. The contributory valvular heart Always qualify all not be disease;

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred In a hospital or institu-tion, give its NAME is-stead of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., Wilhous -- Laborer-laborer, Farm laborer, Laborer-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many -Coal mine, etc. Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; approved as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly chastified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK -- THIS IS A PERMANENT MARGIN RESERVED FOR BIN - WRITE PL V. S. No. 1

N. B.

PLACE OF DEATH Count Salfat	02296 STATE OF MARYLAND CERTIFICATE OF DEATH
and and	Registration Dist. No. 290
Village or City Year laston, (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH J. 20, 1931
6 DATE OF BIRTH  Sep 4  (Month) (Day) (Year)	that I last saw have alive on 14 192/
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 3 3
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Strame Manney Secondary
10 NAME OF FATHER Spencer Field  11 BIRTHPLACE OF FATHER (State or country)  Margland	(Signed)
12 MAIDEN NAME Wary Parker  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME WARPEN  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant)  (Address)  (Address)	Where was disease contracted, if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS:
Filed 2 2 1931 /-TV / / LULLS Registrar	James a Spence Carton Me
If more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on M8). without more precise specification as Stationary fireman, etc. But in many For persons who have no occupation

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

"(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary). Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease, etc. The contributory Nomenclature

CORD -Every Item of information should be carefully supplied. WITH UNFADING INK--THIS MARGIN RESERVED WRITE PL

Exa	Co
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In pig	(b) bus whi
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very in	B OC (a) par (b) bus whi
CAUSE OF DEA	SLN
state CAUSE OF DEA	SLN
CIANS should state CAUSE OF DEATH in plain terms so that it may be properly blassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	-

PLACE OF DEATH	02297 STATE OF MARYLAND
County Jacket	CERTIFICATE OF DEATH
	Registration Dist. No. 292
2 FULL NAME Healthar J PA	St: Ward) (if death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. Z	16 DATE OF DEATH
MARRIED. WIDOWED. OR DIVORCED (Write the word)	Lev // 1931
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
6-1 15- 1814	T-2511 1931. to FeVII , 1981,
(Month) (Day) (Year)	that I last saw him alive on Feld 11 , 1931.
7 AGE    If LESS than	and that death occurred on the data stated above, at
19 yrs. 3 mos. 2 y ds. or min.	
B OCCUPATION (a) Trade, profession or particular kind of work	Cestinal letteristings
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)/ ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 3 yrs mos de
10 NAME OF FATHER ALL PLANTS	(Signed) A. M. C. Stevens M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Man a. Bastell	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
2 4 7 R	Former or usual residence
(Informant) Miss He V Jewer (Address) Colored Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Mt 413 1922, Monishola	UN DERTAKER  ADDRESS  ADDRESS
Registrar	Merca C Stophen Factor Mrs.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease telanus may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underean be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature Example: Measles (disease etc. The contributory valvular heart disease; Measles;

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Village or St.: Ward) a hospital or institution, give its NAME in-stead of street and number.) <sup>2</sup>FULL NAME MEDICAL CERTIFICATE 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) pino I HEREBY CERTIFY, That Lattended the deceased from 6 DATE OF BIRTH 17 CE (Month) (Day) (Year) that I last saw h Manalive on . IIf LESS than 7 AGE and that death occurred on the date stated above, I day hrs. The CAUSE OF BEATH # was so fallows: or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry S business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country be EA DO 10 NAME OF M. D. OF FATHER shore E OF 11 BIRTHPLASE OF FATHER \*State the Disease Causing Death, or, in LZ S Z Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME informati Œ. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHER ....yrs.......ds. (State or Country) 00 Where was disease contracted, if not at place of death?.. item s shou Every item CIANS sho statement Former or usual residence (Informant) 19 PLACE OF BURIAL OR REPOVAL 20 PHOERTAKE Registrar If more blanks are needed, address State Registrar, & W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) For persons Automobile factory. The materia. Laborer-Coal mine, etc. Womwho have no occupation not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the hist EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphall fever the only definite synonym is "Epidemic cerebrosphall spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopheumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association. "Uruemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicuemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., scpsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondar or intercurrent) affection need not be Whooping cough; use of "Tumor" "Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid "Heart failure," for malignant neoplasms); Measles; Chronic valvular heart disease, Example: Measles (disease etc. The contributory " etc.), "Dropsy,"
" Haemorrhage,"

If this certificate is looked over thoroughly and all questions apswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF	DEATH	1		022
/ "	County	all of		,	11-8
Vill	age or City	hear	Can	tow	
	2FULL P	NAME	lis. C	1/10	buson
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6 D	ATE OF BIRTH	0		0	17 Tel
	400×4	(Mon	th) (D:	y) (1/2	(ear) that I last say
7 A	GE a		5	If LESS	hrs. The CAUSE O
8 0	CCUPATION	yrs.	mos. 2	ds. or	min.?
P	a) Trade, profess	work	letire	<u>d</u> ,	
b	o) General natur- usiness, or established on the control of the co	lishment in			V
_	IRTHPLACE (State or country		ud		Contribute Secondar
	10 NAME OF	1. W		1. 02	(Signed)
	11 BIRTHPLACE	lukur	wen	valke	- Chel!
NTS	OF FATHER (State or cou	ntry)	Turd		*State Violent Ca
RE	12 MAIDEN NA	E	7100		Accidental,
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	OF MOTHER	Ē.	1 1		At place of deathyr
_!	(State or Cou		mol		Where was disc
14	THE ABOVE IS T	1		NOWLEDGE	if not at place
	(Informant)	the Gos	0/10	Trusa	usual residence
	() 1)		Sint	- 40	1 SPACE OF

### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... (If death occurred in a hospital or institu-tion, give its NAME ir-stead of street and St.: Ward) number.) MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATH (Year) That I attended the deceased from nd that death occurred on the date stated above, at 3/4 The CAUSE OF DEATH \* was as follows: (Duration) (Duration) (Address) ..... \*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State yrs mos ds. of death .....yrs......mos.... Where was disease contracted. not at place of death?..... DATE OF BURIA OF BURIAL OR REMOVAL

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Registrar

Contributory Secondary

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Hawse-work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death American Medical Association.) approved tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mcn-Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature Chronic valvular heart disease Example: Measles (disease etc. The contributory

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	PLACE OF DEATH County   0   0	STATE OF MARYLAND CERTIFICATE OF DEATH
1	CA	Registration Dist. No. 290
	Village or City Carlow (No Cuergeur  2FULL NAME Audam Por	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write ths word) SINGLE	16 DATE OF DEATH 2/8/3/ , 192
	6 DATE OF BIRTH  (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from  2 2 2 3 192 to 2 2 3 192 that I last saw h was alive on 2 2 2 1 3 192
	Jage   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at Sill Am. The CAUSE OF DEATH * was as follows:    Mexico   Lobas   Lobas
6	(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  Vie. mos de.
	10 NAME OF FATHER  11 BIRTHPLACE	(Signed) Address) Corlor M. D.
	OF FATHER C (State or country)  L MAIDEN NAME C OF MOTHER	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of death
1	(Informant)  (Address)	Former or usual residence Darial OR REMOVAL DATE OF BURIAL
	Filed 3/3 1981 M. Morris Registrar	AUDERTAKER RODRESS ADDRESS ADDRESS ADDRESS ADDRESS
	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emspecifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Exhaustion," "Heart failure," "Haemorinage, "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be etc. The contributory

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BIND WRITE PL

	PLACE OF DEATH	02211 STATE OF MARYLAND
	County Jalkot	CERTIFICATE OF DEATH
	/	Registration Dist. No. 290
	Village or City haston (No. Timera	
1	Village or City 5051 on (No. Emerg	(If death occurred I a hospital or institution, give its NAME II stead of street an number.)
K	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
	Male Black (Write the word)	(Month) (Day) (Year)
	8 DATE OF BIRTH WRIL 22	17 I HEREBY CERTIFY, That I attended the deceased from
	Mart 18 , 1930	Telemany 1921. to Tel 8, 1931
-	(Month) (Day) (Year)	that I last saw h Lam alive on Tel 8 , 190 /
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	yrs. 8 mos. 2 ds. or min.	The CAUSE-OF DEATH * was as follower
	8 OCCUPATION	Stoneno-Theomonia
	(a) Trade, profession or particular kind of work	000000000000000000000000000000000000000
1	(b) General nature of industry	
a) Ca	business, or establishment in V which employed or (employer)	(Duration) yrs
	9 BIRTHPLACE	Contributory Maluutation
	(State or country)	(Durstion) yrs. 2 mos. + de
	10 NAME OF FATHER	(Signed) Faul For M. D.
	11 BIRTHPLACE	2/8/1931 (Address) Easton -m.D.
ı	OF FATHER	*State the Discuss Causing Death or in deaths from
	W Collection	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Puth May Skinne	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE	O ients or Recent Residents) At place
	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds
l	14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
	(Informant) Quelien Sulvester Ross.	Former or Usual residence
	(Address) Escutar Md R.D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15 21 21 21 21 21	20 UNDERTAKER ADDRESS
	Filed 2 9 19P / L. M. Registrar	1 - a Denes Ent Day
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Form laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on O. At Home, and children, not gainfully em-Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart Lauw," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway troin Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

PLACE OF DEATH	02
County 1 albox	
Village or City M. Daniel (No	(Fig.)
2FULL NAME Carl Slacus	
PERSONAL AND STATISTICAL PARTICULARS	М
male white Single, married, windowed.  OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF D
6 DATE OF BIRTH  Sept 23, 1913  (Month) (Day) (Yesr)	that I last saw
7 AGE  1 If LESS that I day hr  1 yrs. 4 mos. 2 d ds. or min	S. The CAUSE OF
which employed or (employer)  9 BIRTHPLACE (State or country) Dorolester Co. Ind	Contributor Secondary
11 BIRTHPLACE OF FATHER DA A A A A A A A A A A A A A A A A A A	(Signed)*  *State to Violent Csu
(State or country) Low feeler Co. Md.  12 MAIDEN NAME OF MOTHER Denia Meekins	Accidental, S
OF MOTHER (State or Country) Korchester Co. Mg	At place of deathyrs. Where was disea
(Informant) Denia Melkeria	Former or usual residence
(Address) McDaniel ma	of Mic
15 Filed 192	20 UNDERTAK

02212 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (If death occurred In a hospital or institution, give its NAME is stend of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Feb 12, 1971
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That Lattended the deceased from
Feb 9 192/. to tel /2 , 192/
that I last saw here alive on Feb / 198
and that death occurred on the date stated above, at 1. A.
The CAUSE OF DEATH * was as follows:
Juflerrya
(5)
(Duration) yrs. mos
Contributory Francisco - Presentation
Secondary
(Duration)
(Signed) Signed M.
Tel 12 31 (Address) Williams
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trus
ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of dea h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
12 - 1 Des med Hot 14 3

St., Balto., Lequesting V. S. Ivo

mar

. S No. 1

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. st\_ted unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. EXACTLY, y classified Registration Dist. No. 29/ (If death occurred in Ward) a hospital or institucertificate tion, give its NAME instead of afreet and number.) properly stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, LLUM 16 DATE OF DEATH OR DIVORCED (Write the word) may pinou 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the decease that (Month) (Day) (Year) that I last saw h McCalive on O 7 AGE If LESS than and that death occurred on the date stated shove, at I day hrs. The CAUSE OF DEATH \* was as follows: terms BOCCUPATION See (a) Trade, profession or plain particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Impor H Contributory MARGIN 9 BIRTHPLACE (State or country) Pe EA 10 NAME OF 0 OF FATHER Shot E OF 0 (Address) NON Z \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. ATI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform cup/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... \_\_\_\_yrs......mos.....ds. (State or Country) 00 Where was disease contracted, of Every item of CIANS should statement of C if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Consus and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a worked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Furmes (rereport specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Plonter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. As examples: (o) yrs). Farm laborer, (b) Cotton mill; (o) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The materia Laborer--Coal mine, etc. Womengineer, Grocery

Statement of Cause of Death—Name, first, the INSAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopmeumonia "Pneumonia";

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, "Exhaustion," "Heart failure, "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify al "Uracmia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic uterstitial Whooping as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was underdiseases American Medical Association.) approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage by Committee on Nomenclature cough; nephrilis, Chronic valvular heart etc. The contributory Sorcoma, etc., of diseose; as

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County C Registration Dist. No. 2 (If death occurred in a hospital or institu-tion, give its NAME is Ward) stead of street and number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH MARRIED MA COLOR OR RACE 16 DATE OF DEATH 3 SEX OR DIVORCED (Write the word) I HEREBY CERTIFY . That Lattended the deceased 6 DATE OF BIRTH Kat I last saw h . alive on (Month) (Day) and that death occurred on the date stated above, at . IIf LESS than 7 AGE 1 day hrs. The CAUSE OF DEATH \* was as follows: mos. B OCCUPATION (a) Trade, profession or particular kind of work .... (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) IO NAME OF (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from OF FATHER HZ Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) Lis 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death \_\_\_\_\_yrs.\_\_\_\_ds. OF MOTHER State.....yrs.....mos... (State or Country) Where was disease contracted, if not at place of dea.h?..... 14 THE ABOVE IS TRUE Former or usual residence DATE OF BURIAL 15 Filed If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the USEASE CAUSING DEATH, state occupation at beginnin of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons the have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on Compositor, Architect, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disser EASE (AUSING DEATH (the price of Party affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchophumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., approved Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi interstitial nephritis, by Committee on or intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of etc. The contributory ralvular heart discase; Nomenclature

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME is .stead of street number.) properly of certif PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED Undo ed may be n back (Write the word) ....(Day) (Month) I HEREBY CERTIFY, That Lattended the deceased 8 DATE OF BIRTH nstructions that (Month) (Day) If LESS than and that death occurred on the date stated above, at .. 7 AGE 0 I day hrs. The CAUSE OF DEATH \* was as follows: terms or min.? mos. OCCUPATION (a) Trade, profession or 0 E (2 particular kind of work carefully TH in plain (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) EA 10 NAME OF (Signed) shoul E OF 1925 [. (Address) (Q) 11 BIRTHPLACE Disease Causing Death, or, in OF FATHER the ENT S Z Violent Causes, state (1) Means of Injury and information (State or country) AU TIO Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0 O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residenta) state CODD 13 BIRTHPLACE In the At place of death OF MOTHER State ... .yrs.....mos... (State or Country) 0 Where was disease contracted, 0 of not at place of dea.h? of shoul Every Item CIANS sho DATE OF BURIA Filed Saratoga St. Balto., Requesting V. S. No. 1. If more bianks are needed, addre. s Ltate Begistrar, 16 W.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Foremon, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEAT STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist, No. 2 (If death occurred in a hospital or institu-tion, give its NAME in-Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED Write the word (Month) EREBY CERTIFY, That I-attended the deceased 6 DATE OF BIRTH (Day) (Year) IIf LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF FATHER (Address) ..... 11 BIRTHPLACE \*State the Ills ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER FNA (State or country) 12 MAIDEN NAME 00 Hospitals, Institutions, Trans-18 LENGTH OF RESIDENCE (For ients or Recent Residents) 13 BIRTHPLACE In the At place of death ......yrs......mos..... OF MOTHER State......ds. (State or Country) Where was disesse contracted, if not at place of dea.h?..... 14 THE ABOVE IS TRUE usual residence DATE/OF BURIA BURIAL OR REMOVAL 15 Filed Registra If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-For many occupations a yrs. For persons who have no occupation If the occupation has been changed single word or term on The ques-

Stretement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH  County Calbal	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290
Village or City Easlow (No. 2FULL NAME Clara & Blrees	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH. # 1927
Moving (Month) (Day), 18.23.	that I last saw hey alive on 126 127 1929,
7 AGE 3 7 yrs. 3 mos. 3 ds. lf LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at f. m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Country)	(Duration)  (Duration)  (Contributory Soxemia, 4 Cardia o autheria Secondary  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (
(Informant)  (Address)  (Address)  Filed 2/2% 1921 / Ship Registrar	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Easton Md Mar 2, 1930.  20 UNDERTAKER  Farmes A Spence Easton Me
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "('Exhaustion,')" "Heart lanure,
"('Inanition,')" "Marasmus,')" "Old Age,')" "Shock,')
"('Uraemia,')" "Weakness,') etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic affection need not be etc. The contributory valvular heart disease; etc., of

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V. S. No. 1

	1PLACE OF DEATH	02218 STATE OF MARYLAND
	County Tally	CERTIFICATE OF DEATH
	2 0 2	Registration Dist. No. 290
1	Village or City Carton (No. Lunger 2FULL NAME Herter Warh	St: Ward) (If death occurred in a hospital or institution, give its NAME Instead of streat annumber.)
,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE MARRIED MIDOWED OR DIVORCED, (Write the word)	16 DATE OF DEATH 7 > 8 3 , 192
	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the dacased from 2/28/31, 192 that I last saw her alive on 2/28/31, 192
	7 AGE   If LESS than   I dayhrs. ormin.?	and that death occurred on the date stated above, at 2.26 pm The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work  (b) General nature of industry	Valundura Paronens.
	business, or establishment in which employed or (employer)	(Duration)yrsmos,ds
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF Samuel Stauley	(Signed) 1923 (Address) Callon (D)
	OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Cachel Wright	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Racant Rasidents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Keut Co.	At place of death yrs mos. de. State yrs mos ds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Legisle. Washinglow.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Tours	greentain med, 3/3 ,1931
	Filed 2/28 1931 1. A. Menses Registrar	B. P. Fellows Still and
	If mora bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer fre-tired 6 yrs). For persons who have no occupation er," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthera (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease Measles;

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NENT MARGIN RESERVED FOR BINE LY, WITH UNFADING INK--THIS IS A PER WRITE PL

N. B.--

PLACE OF DEATH	02219 STATE OF MARYLAND CERTIFICATE OF DEATH
County Jallo	Registration Dist. No. 290
Village or City Carton (No. They ene	A Tookulaha W 1 (If death occurred in
2FULL NAME Mary This	St.: Ward a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2/8/3/, 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h & alive on het 1, 1927,
7 AGE [If LESS than	and that death occurred on the date stated above, at
7 yrs. mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Schalles kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (Ntate or country)	Secondary (Diration) / yrs. / mos., de.
10 NAME OF CILTON Q. Willew	(Signed) M. D. While 1921 (Address) Conton Mab.
II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Styabeth Cooper	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted, I all all all all all all all all all a
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) alton a. Willin	usual residence
(P) (Address) Tederalshing Jud.	Eldorado, Md14-20, 19.31
15 Filed 2/19 1931 71 W. Merrus Registrar	20 UNDERTAKER ADDRESS Lidualshy
If more blanks are needed, addre.a State Registra	r, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (12) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully cmhousehold only (not paid Housekeepers who receive a laborer, Form laborer. Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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